

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048022

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 144

FILED DEC 18 1962

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND TOWNSHIP		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 129 Cunningham		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emmet Middle Artman Last Artman		4. DATE OF DEATH Month Dec. Day 7 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/95
9. AGE (last birthday) 67		10. BIRTHPLACE (City and state or country) USA	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Corp of Engineer		12. KIND OF BUSINESS OR INDUSTRY Civil Service Orrick, Mo.	
13a. FATHER'S NAME Harve Artman		13b. MOTHER'S MAIDEN NAME Della Legg Artman	
14. NAME OF HUSBAND OR WIFE Ella Berry Artman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Ella Berry Artman, Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Gastric Rupture DUE TO (b) Esophageal Varices DUE TO (c) Liver & Pulmonary Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Postoperative Vomiting		INTERVAL BETWEEN ONSET AND DEATH [REDACTED]	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]	
20a. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]	
20c. CITY, TOWN, OR LOCATION [REDACTED]		COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from Death occurred at [REDACTED] on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) [REDACTED]	
22a. ADDRESS [REDACTED]		22b. DATE SIGNED 12-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/62	
23c. NAME OF CEMETERY OR CREMATORY South Point		23d. LOCATION (City, town, or county) (State) Orrick, Mo.	
24. FUNERAL DIRECTOR Gowling Funeral Home		25. DATE RECD. BY LOCAL REG. 12-13-1962	
26. REGISTRAR'S SIGNATURE Malcolm Jackson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10890

20891

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9583X

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DEC 19 1962

no burial permit obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles F. Tyler

Licensed Embalmer No.

4534

P. O. Address

Liberty MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.